Background Check & Drug Test Locations

Requirements:

Federal Background Check/Criminal History Report performed by the Federal Bureau of Investigation (FBI) or an FBI-Approved Channeler. Results must be returned directly to Bureau located at:

TaxiTests@nola.gov

Ground Transportation Bureau

1300 Perdido St. Room 7W03

New Orleans, LA 70112

*Background tests expire 1 year from the date they were run.

Drug Test results_from a CLIA certified laboratory of a Standard 5 Panel Urine Drug Test for Cocaine, Marijuana (THC, cannabinoids), Phencyclidine (PCP - angel dust), Amphetamines (including methamphetamines, also known as crystal meth), and Opiates (including heroin, codeine and morphine) submitted directly to the Bureau via email to TaxiTests@nola.gov *Drug test results must be no older than 3 months old at the time of permit issuance.

Innovative Risk Management Services

Location offers FBI-Channeler live scan services via Biometrics4All, Inc., which may reduce turnaround times on results.

2714 CANAL STREET, SUITE 102 NEW ORLEANS, LA 70119

Monday – Friday 8:30 AM – 5:00 PM

Cash, credit cards, cashier's checks, and money orders accepted Phone: (504) 309-2104

Tulane Drug Analysis Laboratory

Location offers FBI-Channeler live scan services via TRP Associates, LLC dba ID Solutions, which may reduce turnaround times on results.

1340 POYDRAS STREET, SUITE 2040 NEW ORI FANS, LA 70112

(Directly across from City Hall: Amoco Building)

Monday – Friday 8:30 AM – 6:00 PM

Cash, company checks, credit cards, and money orders accepted Phone: (504) 333-6163 After hours: (504) 547-5382



| | _ | Date | |
|--|---|-----------------|--|
| Taxicab and For Hire Vehicle Bureau License | | Tracking Number | |

DRUG TEST APPLICATION

| Please perform the follow type of drug test a | nd furnish us with any information that you | may have on the applicant listed on this sheet. |
|---|---|---|
| Amphetamines, and Opiates su | ubmitted. | Cocaine, Marijuana, Phencyclidine, rijuana, Phencyclidine, Amphetamines, |
| APPLICANT INFORMATION | | |
| Name | | |
| Address | | |
| | | Zip |
| Telephone (Home) | Email | |
| Date of Birth | Social Security Nun | nber |
| Driver's License Number | Expiration Date | |
| Permit Number | Expiration Date | |
| COMPANY INFORMATION | | |
| Company Name | | |
| | | |
| Applicant Signature | | |
| Please Note: Drug Test Results are NUL | L and VOID after three (3) months | |

Results must be submitted directly from the lab/clinic to TaxiTests@nola.gov

PLEASE REPORT ANY TEST IRREGULARITIES DIRECTLY TO ybrownfield@noia.gov AND chadams@noia.gov OR 504.658.7180